

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031074

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG - 9 1965

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		d. STREET ADDRESS 609 Arthur	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Meander Last Summers		4. DATE OF DEATH Month July Day 25 , Year 1965	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-3-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Army		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 61
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John H. Summers		13b. MOTHER'S MAIDEN NAME Martha Pierce	
14. NAME OF HUSBAND OR WIFE U.S.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 1924 - 1926	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Amy Cockrell, Memphis, Tenn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident (Intracranial bleeding). Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hyperthermia and dehydration.		INTERVAL BETWEEN ONSET AND DEATH Two days.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 6:55 a.m. A.M. Month, Day, Year 7-23-65	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Poplar Bluff, Missouri		COUNTY Butler STATE Mo.	
21. I attended the deceased from 7-23-65 to 7-25-65 and last saw her alive on 7-25-65 Death occurred at 6:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James R. Leslie M.D. (Degree or title)		22b. ADDRESS 330 North Second Street	
22c. DATE SIGNED 7-31-65		22d. LOCATION (City, town, or county) Poplar Bluff, Mo. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-65	
23c. NAME OF CEMETERY OR CREMATORY Black Creek Cem.		23d. LOCATION (City, town, or county) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 8-3-1965	
26. REGISTRAR'S SIGNATURE Thelma Graham			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 24 1965
AUG 16 1965
AUG 13 1965
AUG 10 1965

181237013 93

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Larry Cottell

Licensed Embalmer No. 5307

P. O. Address

Papier Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.